



# CITY OF LAS VEGAS

## FINANCE DEPARTMENT

Fax: (702) 382-3794

### CREDIT CARD AUTHORIZATION FORM

**Please fill out completely (form will not be processed if any fields are left blank):**

INVOICE NUMBER: \_\_\_\_\_

NAME ON INVOICE: \_\_\_\_\_

AMOUNT PAYING: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

- THE BELOW CREDIT CARD INFORMATION WILL BE SHREDDED AFTER PAYMENT IS POSTED
- RECEIPTS WILL NOT BE ISSUED, YOUR CREDIT CARD STATEMENT IS YOUR RECEIPT
- PLEASE FAX FORM ONLY ONE TIME TO PREVENT DUPLICATE PAYMENTS
- THE CARD WILL BE PROCESSED ONLY FOR PAYMENTS FOR A FEE BILLED ON AN INVOICE AND MUST HAVE AN INVOICE NUMBER – PLEASE REFER TO SAMPLE INVOICE AND PAST DUE NOTICE.

**FAX MACHINE IS ONLY OPERATIONAL DURING BUSINESS HOURS  
MONDAY THRU THURSDAY, 7:30 AM – 5:30 PM.**

---

#### SELECT TYPE OF CREDIT CARD

☐ Visa

☐ MasterCard

☐ Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Please note that this authorization is only applicable for a one-time charge on the above-mentioned outstanding account.